

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

Date qualified as committee

☒ Amendment

List I.D. number:

1401516

1/19/2018

Date qualified as committee
(If applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use only

Page 1

1. Committee Information

NAME OF COMMITTEE

CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS,
HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND
LABOR.

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415 389-6800

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
form410@nmgovlaw.com

COUNTY OF DOMICILE

MARIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE
N/A

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ELLI ABDOLI

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY

JOEL S. AURORA

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

TOM BANNON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SACRAMENTO	CA	95814	(916) 449-6432

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/26/2019
DATE

By ELLI ABDOLI

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

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CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS,
HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND
LABOR.

STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
JOSHUA HOWARD

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SACRAMENTO CA 95814 (916) 449-6432

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER

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I.D. NUMBER

1401516

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE 415-927-8905	BANK ACCOUNT NUMBER
ADDRESS	CITY CORTE MADERA	STATE CA
		ZIPCODE 94925

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE



COMMITTEE NAME

CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER

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I.D. NUMBER
1401516

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☒ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

TO SUPPORT AND OPPOSE STATE & LOCAL BALLOT MEASURES

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

CALIFORNIA APARTMENT ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

TRADE ASSOCIATION REPRESENTING HOUSING PROVIDERS

STREET ADDRESS

NO. AND STREET

CITY

SACRAMENTO

STATE

CA

ZIP CODE

95814

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditure in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

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INSTRUCTIONS ON REVERSE



COMMITTEE NAME

CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER

Page 5

I.D. NUMBER
1401516

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

SAN FRANCISCO APARTMENT ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

TRADE ASSOCIATION REPRESENTING HOUSING PROVIDERS

STREET ADDRESS

NO. AND STREET

CITY

SAN FRANCISCO

STATE

CA

ZIP CODE

94102

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

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